



## Student Application

Highland Canine Training, LLC  
School for Dog Trainers  
162 Early Lane  
Harmony, NC 28634

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### Application For Enrollment

Your Legal Name \_\_\_\_\_  
First Middle Last

Preferred Name \_\_\_\_\_

Your Address \_\_\_\_\_

City \_\_\_\_\_

State or Province \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender ☐ Male ☐ Female

Social Security Number \_\_\_\_\_

Your Telephone Number

Home \_\_\_\_\_

Cell \_\_\_\_\_

Best time to call: ☐ Morning ☐ Afternoon ☐ Evening

Email \_\_\_\_\_

Preferred method of contact ☐ PHONE or ☐ EMAIL

Country of Citizenship \_\_\_\_\_

## Academic Information

### High school Information

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High school name	City/State	Year of High School graduation
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### College/University information

Name \_\_\_\_\_ State \_\_\_\_\_

Name \_\_\_\_\_ State \_\_\_\_\_

Name \_\_\_\_\_ State \_\_\_\_\_

Name \_\_\_\_\_ State \_\_\_\_\_

Course You are Applying for: Master Trainer

Length of Course 24 -Master Trainer Only weeks

Which course offering are you applying for:

*(select only one)*

JAN \_\_\_\_\_ APR \_\_\_\_\_ JUL \_\_\_\_\_ OCT \_\_\_\_\_  
*(year) (year) (year) (year)*

How did you first hear about the school? \_\_\_\_\_

What factor was most influential in your decision to apply



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### Consent for Criminal Background Check

Full Legal Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth(MM/DD/YYYY) \_\_\_\_\_

SSN \_\_\_\_\_

I certify that to the best of my knowledge and belief, the information provided in this document truly represents me. I understand that failure to give complete information, falsification or misrepresentation of information may prevent me from enrolling in Highland Canine Training, LLC. I authorized investigation of all statements made in this document and further authorize educational institutions, criminal justice agencies, and others to furnish whatever detail is available concerning my application.

My signature below further authorizes Highland Canine Training, LLC to obtain criminal background information. I understand that any information obtained by Highland Canine Training, LLC is confidential, will not be released to any person or outside agency without my written consent, and will be used for the sole purpose of assessing my qualifications.

I \_\_\_\_\_, give my permission to Highland Canine Training, LLC to initiate a Criminal background check on my personal and present activities.

Signature \_\_\_\_\_

Date \_\_\_\_\_



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### Video And Photo Release

I, the undersigned, do hereby consent and agree that Highland Canine Training, LLC, its employees or agents have the right to take photograph, videotape, or digital recordings of me and to use it in all media, now or hereby known, and exclusively for the purpose of supporting and promoting the mission of Highland Canine Training, LLC

I further consent that my name and identity may be released therein or descriptive text or commentary. I do hereby release to Highland Canine Training, LLC its agents, and employees all right to exhibit this work in print and electronic form publicly or privately and to market my identity or likeness in whatever media used. I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

I further agree that such photographs or video footage may be used for educational and marketing purposes in Highland Canine Training, LLC promotional video materials (Newsletters, Brochures, videos Etc.) and or third party use by funder or perspective funder.

I also understand that Highland Canine Training, LLC its not responsible for any expense or liability incurred as a result of your participation in this recording, including medical expenses due to any sickness or injury incurred as result.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement. This consent shall remain valid until written notice is provided to the contrary.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_